779 up to the ankles. A special provision is made for those to whom
515 water is not available because of their being on a journey or being sick, etc..."and if you are sick or on a journey or one of you came from the privy, or you have touched the women, and you cannot find water, betake yourselves to pure earth and wipe your faces and hands therewith." (5:6) A complete ablution of the body is required when the body has been soiled to a greater extent. Though not always strictly observed, these religious habits are followed quite closely by the majority of the population.

2. The predominant diseases in Sinkiang

164 The predominant diseases in Eastern Turkestan which were recorded by Grenard and Pevtsov are the following: goiters, syphillis, gonorrhea, smallpox, scabies, tuberculosis, the Baghdad boil (a disease brought over from the Middle East), rheumatism, often connected with the effects of venereal diseases, trachoma and other eye illnesses, dental troubles, inflammation of the joints, malaria and some cases of leprosy. Skin diseases are very common among the population. The Eastern Turks [515] seldom change their clothing, including their underclothes, and their fur hats are hardly ever taken off. This often results in the growth of parasitic vermin. The excessive dust and dirt are very conducive to the spread of skin diseases. Unfortunately, no figures are avilable on the incidence of different diseases. Most feared are the epidemic diseases which spread rapidly and the incurable diseases, like leprosy. There is a popular proverb in [539] Eastern Turkestan that says the following: "Flee from the leprous as you would from a lion."

3. The local doctors

• 759 The two most popular types of doctors in Eastern Turkestan
756 are those who practice Arabic medicine, and those who practice witchcraft. Arabic medical science is fairly well developed and includes some knowledge of human physiology, methods of curing certain diseases and even some surgical techniques. Most of the mosques have hospitals attached to them for the care of the ill and the injured. However, the knowledge of those doctors practicing Arabic medicine in Eastern Turkestan is quite limited. There has been no great progress in their methods since the 11th and 12th centuries. According to C.P. Skrine, the witch doctors are much more popular than the Islamic doctors. The witch doctors are called bakhshis in Yarkand and du'a-khwans or jadugars in Kashgar. The fees of the witch doctors are relatively high, and the more famous of them are very well-off. In return for their fees they compose spells and perform incantations to drive away the demons which possess the patient.

/Turkic Peoples of Sinkiang/

C. Efforts of the Government in the Field of Health and Sanitation

Only a few doctors in Eastern Turkestan have a Western scientific training. Most of them are either Chinese or Europeans (White Russians). Lately, however, young Turkic people possessing a formal education have been sent to Western Turkestan and to China Proper to study in medical colleges. Awareness of the lack of proper medical personnel and equipment in Sinkiang first inspired the Nationalists to try to open clinics and hospitals in Sinkiang. The Communists have followed in their steps with a somewhat more extensive program, according to their reports. Clinics were opened in various parts of the Sinkiang Autonomous Region, with the aim of combating the most common diseases in the area. They have facilities for innoculation against certain diseases, and place particular emphasis on curing and preventing venereal diseases.

In April, 1955, a new medical college was opened in Sinkiang to meet the problem of lack of medical personnel. The Communists announced that "Sinkiang's new medical college...is ready to enroll 250 students of various nationalities for the coming autumn term. A teaching staff of 100 including professors, lecturers and practicing physicians will arrive here in June from other parts of the country to take up their posts. The medical college is part of a scheme for building a medical center in this provincial capital of Sinkiang, where the inhabitants belong mostly to national minorities. The project includes a 600-bed hospital and a clinic able to treat 800 patients daily." (NCNA, Urumchi, April 19, 1955).

III. Health and Sanitation among the Tibetans of Chinghai

A. The Diet of the Tibetan People

Regardless of whether he be rich or poor, farmer or nomad, the diet of the Tibetan consists primarily of four staples, grain (primarily parched and roasted barley), meat, cheese and butter. However, the questions of wealth and mode of life determines the relative proportions of each of the staples. The parched barley, or tsamba is generally added to the buttered tea and the consequent mush is eaten. The sedentary Tibetans resort most frequently to pork or small game animals, such as marmots, for their meat supply. Very few of the farmers can afford beef or mutton as a staple. Yak cheese and the curds of soured yak and sheep milk are favorite items, the latter often counting as a sort of dessert. The nomadic diet uses much less of the grain and is preponderantly meat, including yak-beef and mutton, butter and other dairy products. The Tibetans eat almost every part of the animal except its hooves and hide. The wealthy Tibetans, and the poorer ones

/The Chinese/

by half a million people - even if they live mainly on rice - is bound to be formidable. No sewage system of any kind exists; its place is taken by an old established guild of public servants who can be seen every morning in large numbers making their way through the streets. The casks or buckets which dangle from the bamboo poles across their shoulders smell no better than you would expect them to. They are always full to the brim and their contents, which are eventually sold to truck gardens on the outskirts of the city, are a constant threat to the legs of the passers-by.... The buckets in which they carry their night soil down the hill are used, after being briskly rinsed, to carry their water up."

Besides producing a very unpleasant picture, this description brings out the very serious problems connected with the lack of a proper sewage system. It also points out the many possibilities for spreading contagious diseases and infections.

Tuberculosis is quite prevalent in China. Epidemic diseases are common also, such as typhoid and paratyphoid fevers, cholera and smallpox. Malaria and the two kinds of dysenteries, amoebic and bacillary also are present. Death at childbirth, both of infants and mothers, is quite high, because of the lack of adequate sanitary precautions during childbirth and the practices of the midwives, who do nothing to prevent infection of both mother and child.

Winfield in his book states that "seventy-five per cent of all deaths in China are due to preventable diseases that are under control in the West; there are about 15 million deaths each year in China, of which 11,750,000 are due to preventable diseases." (China: The Land and the People, p. 111).

D. Medical Personnel

The lack of Western-trained doctors, nurses, pharmacists and dentists in the Northwest is an extremely serious problem. Most people, because of the shortage of medical personnel, still go to the local herb-doctors. (A full description of the traditional Chinese science of medicine is given in the General Handbook). In many less acute cases, people either neglect to do anything or attempt to treat themselves by unscientific methods.

E. Efforts of the Government

The Nationalist Government was aware of the serious shortage of medical personnel and equipment in all of China, including the Northwest. Two national organizations were established in the 1930's to deal with these problems: The Department of Public Health under the Ministry of the Interior, which had a Northwestern Office for the Prevention of Epidemics, and the National Health Department under the National Economic Council, which also had an office in the Northwest.